

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 0 7

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 3, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

45 CFR 233.101(a)(1)  
Social Security Act 1931

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0  
b. FFY 2001 \$ 2,248,219

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Text page 31d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Text page 31d

10. SUBJECT OF AMENDMENT:

Revising the definition of unemployment so that working parents who meet financial and other eligibility requirements may receive Temporary Assistance for Needy Families (TANF)-related Medicaid.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Feather O. Houstoun*

13. TYPED NAME:

Feather O. Houstoun

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

9/27/00

16. RETURN TO:

Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, PA 17105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

*November 6, 2000*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

*Claudette V. Campbell*

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND  
STATE OPERATIONS

23. REMARKS:



Suite 216, The Public Ledger Bldg  
150 S. Independence Mall West  
Philadelphia, PA 19106-3413

NOV 6 2000

Ms. Feather Houstoun  
Secretary  
Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

Dear Ms. Houstoun:

Enclosed is a copy of the approved Medicaid State Plan Amendment, Transmittal Number 00-007, Revising the Definition of Unemployed Parents.

If you have any questions, you may contact Mr. Michael Cruse of my staff at (215) 861-4216.

Sincerely,

A handwritten signature in cursive script, reading "Claudette V. Campbell", is positioned above the typed name.

Claudette V. Campbell  
Associate Regional Administrator  
Division of Medicaid & State Operations

Enclosure

Revision: HCFA-PM-91- 4 (BPD)  
July 2000

OMB No.: 0938-

State: Pennsylvania

Citation

3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency—

- (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

3.6 Unemployed Parent

For purpose of determining whether a child is deprived on the basis of the unemployment of a parent, the agency—

— uses the standard for measuring unemployment, which was in the AFDC State plan in effect on July 16, 1996.

X uses the following more liberal standard to measure unemployment:

A parent will be considered unemployed if the family's earned income is insufficient to raise the family's income above the income standard used to establish eligibility for low-income families under section 1931 (b)(2)(c) of the Social Security Act (42 U.S.C. 1396 u-1(b)(2)(c)). This income standard is the AFDC standard in effect July 16, 1996.

TN No. 00-007  
Supersedes  
TN No. 91-34

Approval Date NOV 6 2000 Effective Date: July 3, 2000  
HCFA ID: